

**RETORT OPERATOR'S EXAMINATION
FOR PROCESSING LOW ACID FOODS*****To be filled in by applicant. Please print.***

Name (PLEASE PRINT LEGIBLY)		Date	
Cannery			
Location address (number, street)		City	State
			Zipcode
Previous Retort Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cannery where previously permitted	Location	
Applicant Signature:			

To be filled in by state Food and Drug investigator.

Ability to: Read Write Figure cook times Visually read charts and mercury thermometers	Good <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Fair <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Poor <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Operated in my presence: <input type="checkbox"/> Aseptic Units (Type) _____ <input type="checkbox"/> Stock-Rotomat <input type="checkbox"/> Hydrostatic cookers <input type="checkbox"/> Others: _____	<input type="checkbox"/> Still retorts for processing in glass <input type="checkbox"/> Still retorts for processing in tin <input type="checkbox"/> Continuous pressure cooker
Performance was <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Recommend a permit be granted <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Examination:	Driver's License Verification: <input type="checkbox"/> Yes	

Remarks:

Complete after grading exam papers and discussing incorrect answers with the operator.

Date discussed	Investigator		
Supervisor approval	Date	Cannery Program approval	Date
Permit issued	Permit number and code(s)		